MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFART42 1000

-63-000463

	DEPARTMENT OF PUBLIC HEALTH AND WELFAREA					1000	150	STATE FILE NU	MBER
DO NOT WRITE	RITE AMENDED		1	Registration District NoPrimary Registration District N	NoRegistrer's No				
ON THIS STUB					PLACE OF DEATH	2. USUAL DECIDENCE	E (Where deceased	i lived. If institution: I	Residence hafe
vs 300	اما	1 1	1 1		a. COUNTY	a. STATE	b. COUNT	Y 2 1	admission)
Rev. 4/59	AMENDED			1 —	Duchanan		3 .	Buchana	p
	Z				OR	of stay in 1b c. CITY OR	_		
1	×	[]·		J	TOWN C + 1	ceks town St.	Joséph	,)	Yes No 🗆
_5717			11	1 -	c. FULL NAME OF (If NOT in hospital, give location)	nside Limits d. STREET	(V outsi	ide, give location)	Reside on Farm
2	DATE	1		1	HOSPITAL OR INSTITUTION MA Methodist Hospiya	ADDRESS	2 14	Į.	Yes No g
<u>-5117</u> 2	رفلع		\coprod	1 =	Wo. Welnoaist 1103F				<u> </u>
3	^ ^{**}		[]	1 - (3. NAME OF DECEASED First Middle (Type or print)	Last	4. DATE OF	Month Day	Year
					Lynden Monra	e Young	DEATH /	Ep L	1967
4 ¢_				_	5. SEX 6. COLOR OR RACE 7. Married Neve		9. AGE (last birthd		
5 7.					Male white Widowed	Divorced D	711	Months Days	Hours Min.
5 Z		1			Ds. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS	OCT./2./XXXI	ty and state or roun	ntry) 12 CITIZEN OF V	WHAT COUNTRY
6 8	2			1	during most of working life, even if retired)				/
	5 ¦] -	Farmer Agricult	MAIDEN NAME	9 Lowa	OF HUSBAND OR WIFE	<u>~</u>
7 1	FOLLOW			1.	3a. FATHER'S NAME		<i>a</i> ,		•
	된			H	enry H. Young Jennie	C. Yates	Edit		72.4
- 0	S			15	5. WAS DECEASED EVER IN U.S. ADMED FORCES? 16. SOCIAL SE	CURITY No. 17. INFORMANT	•.	Address 2810	50415
94201	_		1	1 0	(es, no, or unknown) (If yes, give war or dates o	le Belma L	last mas	2 St. Inca	Loh Ma
	AR	1	=		1 18. CAUSE OF DEATH (Enter only one cause p			IN.	TERVAL BETWEEN
10	` I I		🖺		PART I. DEATH WAS CAUSED BY:	and Them A -	٠.	ON	NSET AND DEATH
11		1 1	}		IMMEDIATE CAUSE (a)	mil 1 mondo	<u></u>		-
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	יקונ		ΙΙĞ] '	M. T	100 - · C	.2	2	Lyeens
コンフェカル	TEA RE					cod cleroni g	in Se	vene 2	Lyears
12 <u>2 - 0</u>	HIS RE		ğ		which gave rise to above cause (a),	odcleroni G	in. Se	vene 2	Lyears
12 <u>2 - 0</u>	ા⊏ા				which gave rise to	odclaroni G	in Su	rene 2	Lycars
13/-0	ON THIS RE			×	which gave rise to above cause (a), stating the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS.		the terminal P	ART III. If deceased	years was female we
13/-0	NO S) 	VIION	which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)		the terminal P	there a pregnan	ncy in last 90 days
13/-0	NO S) 	FICATION	which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE disease condition given in PART I (a)	NG TO DEATH but not related to t		there a pregnan	ncy in last 90 days No Unknown
13/-0	NO S)OQ	RTIFICATION	which gave rise to above cause (a), stating the under-lying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS disease condition given in PART I (a) 19. WAS AUTOPSY 20e. ACCIDENT SUICIDE HOMICIDE 20b.			there a pregnan	ncy in last 90 days No Unknown
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BLACK INK OR RITER RIBBON	AMENDMENIS ON T		Q OF	MEDICAL CERTIFICATION	which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE disease condition given in PART I (e) 19. WAS AUTOPSY PERFORMED? YES NO 206. ACCIDENT SUICIDE HOMICIDE 20b. PERFORMED? YES NO 206.	DESCRIBE HOW INJURY OCCURRED. (bout home, 20f. CITY, TOWN, OR I , etc.) to Tels 6 1963 and _m on the date stated above, and 22b. ADDRESS 2603 F.	(Enter nature of injure of	COUNTY Con Fall C C C C C C C C C C	ncy in last 90 days No Unknow of item 18.) STATE 943 auses stated. 22c, DATE SIGNE 2 ~/2 ~63
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Vermet issued 46/63

STATEMENT, BY LICENSED EMBALMER

1 h		s recorded on the reverse side of this certificate was embalmed by me,		
	under my personal supervision.	Signed Clarence & Tipon		
Student	Signature of Student Embalmer	Signed Carrier C. Hay		
	The Control of the Co	P. O. Address Sources, Mo		

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.